

**STATE OF MICHIGAN**

# CERTIFICATION OF VITAL RECORD

**COUNTY OF WASHTENAW**

## STATE OF MICHIGAN

02018-03217

Pages: 1 of 1      DCT



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
275584



L: 5293 P: 193 6459958 MIS

03/04/2019 11:11 AM Total Pages: 1  
Lawrence Kestenbaum, Washington Co



DECEASED	1. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Dorothea June Stafford		2. DATE OF BIRTH June 26, 1927		3. SEX Female		4. DATE OF DEATH November 01, 2018	
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Dorothea June Vermillion		6a. LAST BIRTHDAY (Year) 91		6b. UNDER 1 YEAR MONTHS      DAYS		6c. UNDER 1 DAY HOURS      MINUTES	
	7a. LOCATION OF DEATH Arbor Hospice		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Saline		7c. COUNTY OF DEATH Washtenaw			
	8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Washtenaw		8c. LOCALITY Chelsea		8d. STREET AND NUMBER 223 Pierce Lake Drive	
INFORMANT	Re. ZIP CODE 48118		P. BIRTH PLACE Monett, Missouri		10. SOCIAL SECURITY NUMBER 491-30-3370		11. DECEDENT'S EDUCATION Associate degree	
	12. RACE White		13a. ANCESTRY Irish		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No	
	15. USUAL OCCUPATION Intelligence		16. KIND OF BUSINESS OR INDUSTRY Government		17. MARITAL STATUS Widowed		18. NAME OF SURVIVING SPOUSE <i>(If alive give name before first marriage)</i>	
	19. FATHER'S NAME <i>(if first, Middle, Last)</i> Ovid Uriah Vermillion				20. MOTHER'S NAME BEFORE FIRST MARRIED <i>(first, Middle, Last)</i> Rose Mae Owens			
DISPOSITION	21a. INFORMANT'S NAME Karl W. Stafford		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS 341 Corrie Road, Ann Arbor, Michigan 48105			
	22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Tri-County Cremation Services			23b. LOCATION <i>(City or Village Name)</i> Ypsilanti, Michigan		
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Allen C. Cole		25. LICENSE NUMBER 4501006399		26. NAME AND ADDRESS OF FUNERAL FACILITY Cole Funeral Chapel, Inc, 214 E. Middle St., Chelsea, Michigan 48118			
	27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician <small>- To the best of my knowledge, death occurred due to the causes and manner stated.</small> <input type="checkbox"/> Medical Examiner <small>- On the basis of examination, medical history given, as reported, death occurred at the time, date, and place, and due to the cause(s) and manner stated.</small> Thomas A. O'Neil, MD <small>Signature and Title</small>		28a. ACTUAL OR PRESUMED TIME OF DEATH 10:52 AM		28b. PRONOUNCED DEAD November 01, 2018		28c. TIME PRONOUNCED DEAD 10:52 AM	
CERTIFICATION	27b. DATE SIGNED November 02, 2018		27c. LICENSE NUMBER 4301092471		29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospice Facility	
			32. MEDICAL EXAMINER'S CASE NUMBER		31. IF HOSPITAL			
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Thomas A. O'Neil, MD, Arbor Hospice, 440 West Russell Street Suite 100, Saline, Michigan 48176							
	35a. REGISTRAR'S SIGNATURE <i>Carmichael K. ...</i>					35b. DATE FILED November 02, 2018		
CAUSE OF DEATH	36. PART I. ENTER ONE (check one), if none, explain as recommended - But do NOT enter accidental events such as car crash, assault, respiratory arrest in water etc. <small>If decedent was hit by motor vehicle, train, fall, fire, lightning, electrocution, drowning, poisoning, suffocation, strangulation, gunshot wound, hanging, or other mechanical cause of death, see Part II of the cause of death section on appropriate page.</small>							Approximate Interval Between Onset and Death Years
	<input checked="" type="checkbox"/> Cardiovascular Disease							
	<input checked="" type="checkbox"/> Chronic Obstructive Pulmonary Disease							
	<input type="checkbox"/> Other Cause of Death							
REQUIRING	PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I:							38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 13 days of death <input type="checkbox"/> Unknown if pregnant within 13 days of death <input type="checkbox"/> Not pregnant, but pregnant 13 days to 1 year before
	37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown							
	39. MANNER OF DEATH Natural							
	40a. WAS AN AUTOPSY PERFORMED? No							
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED Not Applicable				
41d. INJURY AT		41e. PLACE OF INJURY		41f. IF TRANSPORTATION				
				41g. LOCATION				

Time Submitted for Recording  
Date 3-4-2019 Time 10:51 AM  
Lawrence Keitenbaum  
Washtenaw County Clerk/Register

A922093

I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document of file in my office.

DATED: 11/02/2018

LAWRENCE KESTENBAUM /  
WASHTENAW COUNTY CLERK/REGISTER

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**